

MCAC ELIGIBILITY AND ENROLLMENT (E&E) SUBCOMMITTEE MEETING



March 16, 2022

Agenda

- **3:00 – 3:10 Welcome, Introductions, and Ground Rules:**
 - *Eric Scharf, MCAC, E&E Subcommittee Chair; DC Advocacy Chair, Depression and Bipolar Support Alliance, National Capital Area Chapter;*
 - *Taylor Woods, Staff Lead, E&E Subcommittee; Special Projects Officer, Health Care Policy and Research Administration (HCPRA), Department of Health Care Finance (DHCF)*
- **3:10 – 4:15 DHCF Updates:**
 - Update on Planning Eligibility Restart Efforts In Preparation for the End of the Federal Public Health Emergency (*Danielle Lewis Wright, Associate Director, Division of Eligibility Policy (DEP), HCPRA, DHCF*)
 - Postpartum Eligibility Extension and Maternal Health Projects (*Mario Ramsey, Associate Director, Division of Regulation and Policy Management, HCPRA, DHCF*)
- **4:15– 4:25 DHCF Enrollment Report Update/Status:** *April Grady, Associate Director, Analytics and Policy Research Administration, DHCF*
- **4:25 – 4:30 Next Steps:** *Taylor Woods, Special Projects Officer, HCPRA*
- **4:30 Adjourn**

Update on Planning Restart for the End of the Federal Public Health Emergency (PHE)

Danielle Lewis-Wright, Associate Director, Division of Eligibility Policy, Health Care Policy and Research Administration, DHCF



March 3, 2022 CMS Guidance on Unwinding of Federal Public Health Emergency (PHE) Briefing

**Department of Health Care Finance
Division of Eligibility Policy
March 11, 2022**



Presentation Overview



- **Overview of State Health Official (SHO) Letter #22-001 Key Points**
- **Eligibility and Enrollment Planning Tool**
- **Communication Toolkit**
- **Engaging Managed Care Plans**
- **Key Strategies for Work with the Plans**
- **Questions**



The Public Health Emergency (PHE) Background



- CMS 3/3/22 SHO Letter #22-001 expands on the previously issued 8/13/21 SHO letter on unwinding planning with a focus on 3 key areas
 - Describe how states may distribute eligibility and enrollment work to restore routine operations
 - Mitigate churn for eligible beneficiaries
 - Promote smooth transition of individuals between coverage programs including marketplaces
- New guidance is for planning purposes and does not detail a specific end date for the PHE.
- Guidance requires states to develop a comprehensive Unwinding Operations Plan to restore operation.
 - The plan will need to reflect how states will complete outstanding work and maximize interrupted coverage for eligible individuals.
- Guidance only focuses on Medicaid



Renewals and Changes in Circumstances



Renewals

- States will need to initiate all renewals and other eligibility actions by the last month of the 12-month period
- Guidance allows for an additional 2 months to complete all pending actions initiated during the 12-month period (14 months)
- States are required to adopt a Risk-Based Approach and must take into consideration the need to prevent inappropriate terminations and promote smooth transitions
 - Population Based, Time Based, Hybrid, and State-Developed

Changes in Circumstances

- If beneficiary has not completed renewal, states have the option to complete a full renewal based on the change or they may wait to process the information when the beneficiary is scheduled to renew coverage.
- States may act on immediately if renewal completed in the past 12 months.



Initial Unwinding Preparation



States must establish Unwinding Operational Plan. Solicit input from Managed Care Organizations (MCO's) or other Medicaid Partners.

Review and update current policies and procedures, Verification Plan, transmittals, State Plan Amendments (SPA) and decide which flexibilities to retain or adopt.

Eligibility/Enrollment System Changes/Enhancements- Ensure system changes are ready for full functionality during the unwinding and for future determinations.



1902(e)(14)(A) Waivers



- As preparation is underway for the unwinding., some strategies and procedural changes may need to be approved and corresponding documents updated.
- Options for CMS approval under the 1902(e)(14)(A) of the Act (Temporary Waivers):

Options	Impact
Renewals for individuals based on SNAP eligibility	Determine feasibility based on DCAS system design
Facilitating renewal with no returned AVS results within a reasonable timeframe.	All non-MAGI cases are converted cases and cannot passively renew for the 1st year
Time extension on Administrative Action and Fair Hearing	Determine feasibility based on the Office of Administrative Hearings
Ex Parte renewal for individuals with no income/data returned from electronic sources	Check verification plan on income and confirm system logic in DCAS
Partnering with MCO's to update contact information without confirmation from the beneficiary	Determine if a MOU is needed and how the data would be received.

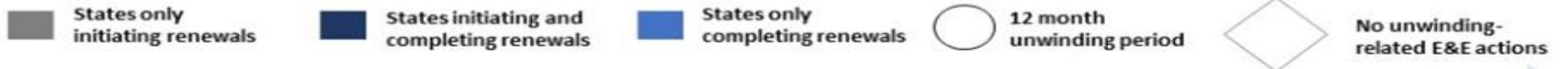


CMS Unwinding Chart Flow Options

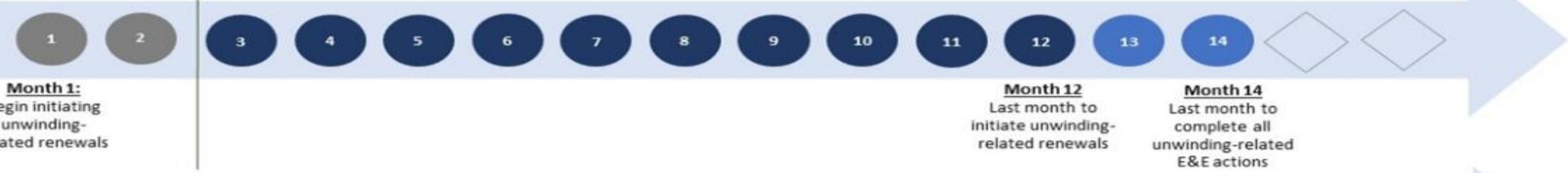
CMS Flow from SHO Letter



End of PHE
End of the Month in Which the PHE Ends



Option A: State begins 12-month unwinding period two months prior to the end of the PHE



Option B: State begins 12-month unwinding period one month prior to the end of the PHE



Option C: State begins 12-month unwinding period the month after the PHE ends





12-Month Unwinding Timeline Options

Examples Based on a PHE end of July 15, 2022



Options	Date Renewals Issued	Termination Effective Date	Considerations
A- Begin 2 month prior to end of PHE	MAGI- June 1 Non-MAGI- June 1	8/1/22 9/1/22	Operations, staffing, impact, system trainings, policy updates, systems, implementation of communication plan, outreach to stakeholders
B- Begin the month PHE Ends	MAGI- July 1 Non-MAGI- July 1	9/1/22 10/1/22	Same as above. Allow more time to on-board new staff, training, system testing.
C- Begin the month following the end of the PHE	MAGI- August 1 Non-MAGI-August	10/1/22 11/1/22	Allows the greatest amount of time to complete readiness actions.



Eligibility and Enrollment Planning Tool



- Readiness Assessment
 - Includes guided questions to help states anticipate work volume and various coverage loss and delayed timeline risks after the PHE for Renewals, Application Processing, and Fair Hearings
 - DEP/DHCF will begin working on document immediately
- State Planning Approach and Strategies
 - Helps states identify organization and staffing resources, prioritize the work ahead, and anticipate key risks and their mitigation strategies
 - The bulk of planning work is in this section (more on following slide)
- Roll-Up Summary
 - An open-ended final section for states to summarize their approach



Planning Tool (cont.) - State Planning Approach and Strategies



- Contains sample templates and a grid timeline for states to use, building from the initial Readiness Assessment and adding a planned approach section
- Organization and Staffing
 - Directs states to identify other partner agencies that will help resolve pending E&E actions and identify concrete leads for Policy, Operations, Systems, Training, Outreach and Communications, and Fair Hearings
- Outreach and Communications Plan
 - Helps states assess how communication will be spread, looking at: Audience, Key Messages, Methods and Tools, State Agency Leads, Community Partners, and Timing
- Risk Areas and Mitigation Strategies
 - Organized by CMS-suggested key risks, providing multiple potential strategies for each issue along with space for states to choose which they plan to implement, along with how they plan to implement it.



Communications Toolkit



- CMS released a toolkit to provide support for community outreach plans, including a summary of research conducted in focus groups with beneficiaries last November
- This population generally knows to keep an eye out for official mail from federal and state government, so direct mail can be a vital tool
- CMS offers templates for a multi-pronged outreach approach, along with various empty templates states can download directly
 - Drop-In Articles – Can be prepared with DC information and inserted into local newsletters and blogs
 - Social Media Posts – Includes a variety of graphics and text that can be used
 - Unwinding Emails, Text Messages, and Call Center Scripts – The toolkit includes templates for pre-redetermination communications and separate templates for beneficiaries if they are no longer eligible after the PHE
 - Conference Cards, Flyers, and Rack Cards – The CMS website provides ZIP files with fillable templates for states to use for printable handouts



Engaging Managed Care Plans for Return to Regular Operations



- As states return to normal operation, collaboration between States and the Managed Care Organization (MCO) will help ensure beneficiaries retain Medicaid coverage and ease the transition for individuals.
- The MCO can help the States in their efforts to promote continuity of coverage for eligible individuals by:
 - 1. Help with the completing of the renewal package**
 - 2. Minimize churning due to loss of coverage due to procedural reasons**
 - 3. Facilitate transitions from Medicaid to the Marketplace when appropriate.**



Key Strategies for Working with Managed Care Plans



Strategy #1: Partner with Plans to obtain and update Beneficiary Contact Information

- The new guidance allows states to accept updated mailing addresses, telephone numbers and email addresses from the MCOs.
- Under the 1902 (e)(14)(A) of Act, CMS will approve a waiver providing flexibility to the State to forgo the requirement to contact the beneficiary to confirm updated contact information prior to accepting the MCO information as verified during the unwinding period.
 - The District will submit the 1902 (e)(14)(A) waiver to send notification to the beneficiary's updated address.
- States will need review and revise any necessary contracts and protocols to ensure successful implementation. They need to set guidelines for the information to be shared and ensure that any information sharing is consistent with applicable law (i.e., HIPPA privacy rules).



Key Strategies for Working with Managed Care Plans (cont.)



Strategy #2 *Share Renewal Files with Plans to Conduct Outreach and Provide Support to Individuals Enrolled in Medicaid during their Renewal Period. There are two approaches outlined in the guidance:*

Approach 1: States provide monthly files containing information about beneficiaries with an upcoming renewal so the MCOs can conduct outreach and help with the renewal process.

- The District plans to provide the MCOs with the monthly file of all beneficiaries whose eligibility needs to be renewed for that month.

Approach 2: States provide a monthly file to MCOs containing beneficiaries who have yet to submit their renewal form or additional documentation and are at risk of losing coverage, for MCOs to do outreach.

- The District plans to coordinate with plans to use both approaches.
- States should request that MCO plans use all available modalities to conduct outreach to beneficiaries and encourage individuals to complete and return their renewal forms.



Key Strategies for Working with Managed Care Plans (cont.)



Strategy #3 *Enabling Plans to Conduct Outreach to Individuals Who Have Recently Lost Coverage for Procedural Reasons*

- MCOs have the flexibility to provide information and conduct outreach to beneficiaries about the renewal process when beneficiaries are losing their Medicaid coverage.
- States should provide MCOs with monthly termination files to enable plans to conduct outreach to individuals terminated from Medicaid for procedural reasons such as not returning their renewal form timely.
- Under the 1902 (e)(14)(A), CMS will approve a waiver providing flexibility to states to extend this automatic reenrollment period to between 60 to 120 days. The flexibility is during the 12-month unwinding period.



Key Strategies for Working with Managed Care Plans (cont.)



Strategy #4 *Permitting Plans to Assist Individuals to Transition to and Enroll in Marketplace Coverage if Ineligible for Medicaid and CHIP*

- States should encourage MCOs that offer Qualified Health Plans (QHP) to share information about such QHP(s) with beneficiaries who are determined ineligible to Medicaid to assist in the transfer of beneficiaries to Marketplace coverage where applicable.
- Regulations do not prohibit a MCO that offers a QHP from providing information to beneficiaries who could potentially enroll in a QHP due to loss of eligibility, or to potential enrollees who may consider the benefits of selecting a MCO that has related QHP.
- MCO may reach out to individuals before they lose coverage, to allow them to apply for Marketplace coverage in advance and thereby avoid a gap in coverage.
- States and MCOs should review their contracts to ensure clarity on this issue and consider whether any state specific laws or contract requirements prevent these activities.
- The District plans to coordinate with plans to use these strategies.

Postpartum Eligibility Extension and Maternal Health Projects

Mario Ramsey, Associate Director, Division of Regulation and Policy Management
Eligibility and Enrollment Subcommittee Chair

Postpartum Extension

- Section 9812 of the American Rescue Plan Act of 2021 adds a new section 1902(e)(16) to the Social Security Act
 - States have the option to extend postpartum continuous coverage to include a period from the last day of pregnancy to the last day of the month in which the 12-month period ends.
 - Full Medicaid benefits during pregnancy and the 12-month postpartum period.
 - Option begins on April 1, 2022, and authorized through March 30, 2027.

Postpartum Extension Eligibility

•Eligible Participants

- Current enrollees who are pregnant on the effective date of the SPA and current and new beneficiaries who enroll based on pregnancy or become pregnant after the effective date of the SPA
- Current enrollees who were receiving Medicaid or CHIP, **in the state**, while pregnant, who are no longer pregnant when the SPA becomes effective, but are still within the 12-month postpartum period
- Individuals who apply for Medicaid after their pregnancy ends but who received Medicaid-covered service, **in the state**, while pregnant on or after the effective date of the SPA if those services were received during a period of retroactive eligibility.

Maternal Health Projects

- Postpartum eligibility extension is just part of 3 Maternal Health Projects at DHCF to expand maternal health coverage and benefits
 - Postpartum Eligibility Extension
 - Doula Services
 - Non-Emergency Medical Transportation for Alliance Beneficiaries
- The Maternal Health Advisory Group is meeting regularly to advise DHCF on policymaking, training, education, and implementation
 - Established roster but all members of the public may attend and participate in meetings
 - Monthly meetings January-April and more to come
 - Subgroup work upcoming

Monthly Enrollment Report Update

April Grady, Director, Analytics and Policy Research Administration, DHCF

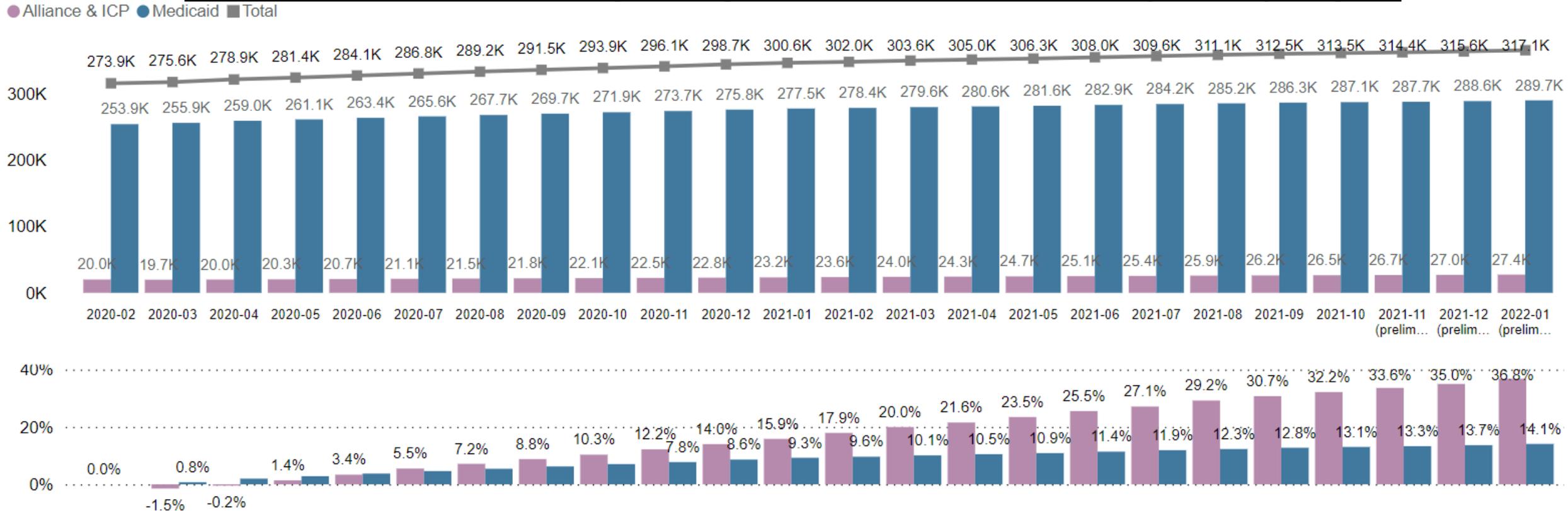
Update on Enrollment Through January 2022



DHCF enrollment for January was **317,122**

- **Medicaid** (289,731) has grown by **14.1%** since February 2020 (prior to the federal public health emergency)
- **Alliance** (22,974) and **ICP** (4,417) combined have grown by **36.8%** since February 2020
- Monthly reports with additional detail are on the DHCF website: <https://dhcf.dc.gov/node/1180991>

Number Enrolled and Percentage Change in Enrollment Since February 2020 by Program



Questions and Comments